

Mary D Moller, DNP, PhD (hon), APRN, ARNP, PMHCNS-BC, CPRP, FAAN SB 36

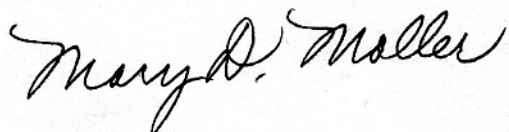
Dear Members of the Public Health Committee,

To those of you I know from previous testimony I am saying hello and I thank you for your previous support of APRN attempts to remove the mandatory physician collaborative agreement. To those of you who I have not met, I would like to introduce myself and ask your support in moving Governor's Bill #36 out of committee. Since January of 2009 I have been the Director of the Psychiatric-Mental Health Nurse Practitioner Specialty at the Yale University School of Nursing. From 1992 through 2008 I was the owner of the first independent APRN-owned and operated rural psychiatric outpatient clinic in the United States. That clinic was Eastern Washington State. Since 1978 WA State has been an independent practice state for all APRNs. That means there is no mandatory requirement of any kind of physician oversight or approval of our practice. I remain licensed in that state and continue to provide care via telehealth to those patients who could not find a psychiatric provider when I left. In that capacity physicians and APRNs work side by side consulting and collaborating and referring to one another in a most collegial manner. It is an equilateral, mutual understanding of each other's skillsets and knowledge base. It is not hierarchical or paternalistic at all. We were always collaborating and I continue to consult, collaborate, and refer to other physicians in that state in obtaining the care needed for patients that are beyond what I can provide. When I moved here I was literally shocked at the oppressive nature of APRN practice as restricted by physicians who either refuse to sign an agreement or if they do are restrictive in the APRN's ability to exercise their full scope of practice. When I first came I was going to have a physician colleague who is licensed in CT but doesn't live here be my collaborator, but he was going to charge \$6000 because he said that is what his malpractice would go up to 'take me on'. It took me two years to find someone and that only occurred because I was at a local CHC and the administration worked it out with a psychiatrist who was there 4 hours/month. I met him once and never saw him again, but he signed the agreement that allowed me to practice. I called him once because a psychiatrist was supposed to sign an evaluation for Medicare disability (that I had conducted, completed, and filled out) and he was upset and asked me to have one of the docs at the CHC do it as he didn't want to be bothered. I collaborated daily with the other physicians and providers at that clinic and certainly didn't have a practice agreement with each of them! The mandatory collaborative agreement has nothing to do with the daily practice of collaboration, but rather with approving that an APRN can indeed practice! I have been saddened and disheartened at the time, negative energy, and resources that have been expended to continue to prohibit independent practice for APRNs in CT. In WA State I developed a program that reduced psychiatric re-hospitalization for patients with schizophrenia by 93.5%. Those results have been published and replicated in the US and internationally, however, I am not in a practice situation in which I can bring those protocols to CT. We literally saved the state of WA millions upon millions of dollars. It would be wonderful for the citizens of CT to have that same program available.

I would like to stress that we are not physicians and don't want to practice medicine, if we did we would have gone to medical school. We practice nursing which is health promotion, disease prevention, and education to promote recovery. Within that frame we conduct assessments, diagnose, order and interpret tests, implement treatments, and prescribe medications in a tightly regulated and monitored scope of practice based on licensure, accreditation, certification, and education.

As an NP Program coordinator and former President of the American Psychiatric Nurses association, I have been in on the ground floor of the national Consensus Document on the Regulations Governing Advanced Practice Registered Nurses which was adopted in 2008 and goes into effect January 1, 2015. All aspects of APRN licensure, accreditation, certification, and education are tightly regulated and monitored by several different national and state bodies in order to insure standardization and consistency across and between programs. As an educator, I am seeing more and more of our Yale graduates leave the state to neighboring New England states that have independent practice for the APRN. I am concerned that as The National Council of State Boards of Nursing moves forward with the interstate compact for APRNs that CT will be excluded from participating due to the restrictions of the current physician approval form. I am asking you to help us bring CT into the 21<sup>st</sup> century and to recognize that NP stands for a New Paradigm in access to health care in Connecticut.

Thank you.

A handwritten signature in black ink that reads "Mary D. Moller". The signature is written in a cursive, flowing style.

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